Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2008					Complete if Known				
					Application Number 10/566,223				
					Filing Date 1/27/2006				
					First Named Inventor Jaya Sivaswami Tyagi				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Angela Marie Bertagna				
					nit	1637	1637		
TOTAL AMOUN	NT OF PAYME	NT (\$) 1	,050	Attor	ney Docket	4544 - 0601	74		
METHOD OF PA	YMENT (check	all that apply)							
	Credit Card	Money Ord	lor T	None _	Other (please id		All the second s		
							John I ou Firm		
·	ount Deposit Acabove-identified d	_				heck all that apr			
r - 1	Charge fee(s) indicate	7	, the Direc	itor is nercuy	[]	• •	ow, except for the	filing fee	
70	Charge any addition	nal fee(s) or und	erpayment	s of fee(s)		overpayments	ow, except for the	ining icc	
u <b>V</b> u ARNING: Informat	nder 37 CFR 1.16		'undit naud i	nformation shor			11i41		
iformation and autho			realt cara n	mormation snot	aid not be included (	on this form. Provid	ie credit card		
FEE CALCULA	TION (All the fe	es below are d	ue upon f	iling or may	be subject to a	surcharge.)			
I. BASIC FILIN									
		G FEES		RCH FEES		TION FEES			
Application T	_	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity For (\$)	Food I	oid (P)	
Utility Utility	310	75	510	255	210	<u>Fee (\$)</u> 105	<u>rees r</u>	<u>'aid (\$)</u>	
Design	210	105	100	50	130	65	B		
Plant	210	105					1		
			310	155	160	80	****		
Reissue	310	155	510	255	620	310	***************************************	-	
Provisional	210	105	0	0	0	0			
2. EXCESS CLA  Fee Description	IM FEES						For (S)	Small Entity	
Each claim over 20 (including Reissues)							Fee (\$) 50	<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple depender	•	J	•				370	185	
Total Claims	- 20 or HP	Extra Clair	ns <u>I</u>	Fee (\$)	Fee Paid (\$)		Multiple D	ependent Clain	
IID 1: 1		=	x				Fee (\$)	Fee Paid (\$	
HP = highest numb	per of total claims pai	d for, if greater the	an 20.						
Indep. Claims	- 3 or HP			Fee (\$)	Fee Paid (\$)				
HP = highest numb	er of independent cl	= aims paid for, if gr							
37 CFR 1	cation and drawin	cation size fee of and 37 CFR 1.	lue is \$260 16(s).	0 (\$130 for si	ing electronically mall entity) for exitional 50 or fra	ach additional 50	or computer listing sheets or fraction	thereof.	
	- 100 =				d up to a whole nu		<u>Fee (\$)</u>	Fee Paid (\$)	
l. OTHER FEE(	(S)	\$130 fee (no				^ _		Fees Paid (\$	
	late filing surchar			• .				1,050	
SUBMITTED BY	1//	1 / / -		D	egistration No.				
Signature	wus	H	Sou		egistration No. attorney/Agent)	22132 T	elephone 412-	471-8815	
Name (Print/Typ	e) Willjam	H. Logsdon			· · · · · · · · · · · · · · · · · · ·		ate May	25, 2008	